

GEORGIA STATE BOARD OF NURSING HOME ADMINISTRATORS

237 Coliseum Drive Macon, Georgia 31217 Phone (478) 207-2440

www.sos.state.ga.us/plb/nursinghome

APPLICATION TO REQUEST INACTIVE STATUS OF A NURSING HOME ADMINISTRATOR LICENSE

Please read the instructions carefully and be familiar with the laws and rules governing the practice of Nursing Home Administrators in the State of Georgia. <u>Visit the web site for information.</u>

Important

The Board will not process incomplete applications. If any item is missing, incomplete or incorrect, your application cannot be reviewed by the Board. Please review this application before you submit it to ensure that all required information and documentation is complete and correct. An incomplete application will result in delayed processing. Incomplete applications are void after one year and will result in a new application and fee.

Application Checklist

The following checklist is an important part of your application. Please use this checklist to ensure that you submit a COMPLETE application.

The \$100.00 non-refundable application fee payable to Georgia State Board of Nursing Home Administrators must be included with application. <u>Checks returned for insufficient funds will be assessed a service charge pursuant to O.C.G.A.</u> §16-9-20.

NOTARIZED APPLICATION: the application must be signed, notarized, include the <u>FEE</u> and mailed to the Board's office at the address listed above.

NOTE: If you choose to request your license be returned to Active status, please apply to the Board using the "Application to Request Active Status" and follow the instructions.

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FOR BOARD USE ONL	.Υ
Amount Submitted	
Date	
Receipt #	



FOR BOARD USE ONLY	
Certificate Number	
Date Issued	
Applicant No.	

GEORGIA STATE BOARD OF NURSING HOME ADMINISTRATORS 237 Coliseum Drive • Macon, Georgia 31217-3858 • (478) 207-2440

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APPLICATION TO REQUEST <u>INACTIVE STATUS</u> OF A NURSING HOME ADMINISTRATOR LICENSE

Application Fee \$100.00 (non-refundable)
Checks returned for

insufficient funds will be assessed a \$40.00 service charge pursuant to O.C.G.A. §16-9-20.

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	PAR	RT I – PERS	ONAL INFO	RMATION	
Name of licensee:					
Name of ficensee	Last	First	Middle	e	Maiden
Social Security Num This information is authorizand O.C.G.A. 20-3-295, 42 Databank (NPDB) and the legulatory agencies for licer	zed to be obtained a U.S.C.A. 551 and it Healthcare Integrity	20 U.S.C.A.100 and Protection	o state and feder 01. It may also be	e disclosed to the N	nt to O.C.G.A. 19-11-1 ational Practitioner's
Physical Address: _					
(P.O. Box not accep If you are granted a license, ill appear on the internet. You the Board in writing of an add	your name, mailing o our physical address	address and lice	nse number are pi	ublic information and	
lailing Address:					
if different)	Number ar	nd Street	Apt. No	City/State	Zip
elephone # (Day)	Telephon	e # (Evenin	g)	E-Mail Addr	ess
I am a U.S. ci he federal Immigrati					alified alien unde in the U.S.
]	PART II – A	FFIDAVIT		
hereby attest that I am Georgia, until such time urrent valid status.					
				Date:	
(Signature of Lic	censee)				
worn to and subscribed	before me this		(S	lignature of Notary I	Public)
Day of	, 20				
,			(My Comm	ission Expires)	Notary Sea

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